

CITY OF CONCORD

Application for

PERMIT TO DEMOLISH

Date:				Permit Number:		
OWNER INFORMATION		CONTRACTOR INFORMATION				
Name					Name	
Address			Address			
City, State, Zip			City, State, Zip			
Phone:		□ cell	I Phone:		□ cell	
There.			11101101			
□ Demo Review If structure	e is greater t	than 500 s.f. <u>AND</u> m	nore than	50 years o	ld <u>AND</u> visible from th	ne public right-of-
way, it is subject to Demolit		·	•		the review process, pl	ease complete an
Intent to Demolish form and	d return it to	the Code Administra	ation Offi	ce.		
The building to be demolish	ned is located	d on the following p	roperty:			
Address:		Zoning District:		Assessor's Map/Block/Lot:		
Year Built:		Square Footage:		Former use of Building:		
No. of Dwelling Units:		Height:		Cost to remove building		
Type of Construction:				& materia	ls:	
The following utilities must	be disconn	ected prior to demo	olition. L	Ipon discor	nection, the authorize	ed agent for each
The following utilities <u>must</u> utility is required to sign bel		ected prior to demo	olition. U	Ipon discor	nection, the authorize	ed agent for each
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utility is required to sign bel UTILITY DA	ow:			ENT FOR UT		ed agent for each
utility is required to sign bel	ow:		AG	ENT FOR UT	TILITY – SIGNATURE	ed agent for each
utility is required to sign bel UTILITY DA Electric	ow:		AG	ENT FOR UT	TILITY – SIGNATURE	ed agent for each
utility is required to sign bel UTILITY DA Electric Natural Gas	ow:		AG	ENT FOR UT	TILITY – SIGNATURE	ed agent for each
utility is required to sign bel UTILITY DA Electric Natural Gas Storm Sewer (Eng Services)	ow:		AG	ENT FOR UT	TILITY – SIGNATURE	ed agent for each
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ORIGINAL SIGNATURES ARE REQUIREDZ

Demolition materials will be disposed of at:							
Location Name							
	Address, Cit	y, State, Zip					
Hazardous materials, inspections a	and comments:						
A hazardous materials inspection r		nd abatement, if	f necessary, must be completed with a				
The State of New Hampshire Air Refound. Contact Steve Cullinane at 2		JST BE notified of	f demolition if hazardous materials are				
If asbestos or other similar material from the Code Administration Department		sification is to be	e removed, approval must be obtained				
• •	arriers, and/or erosic	•	ng the property to be free of hazards res may be required as determined by				
	construction is not	commenced wit	alendar days after demolition, the site thin 60 days after demolition, the site				
Applicant Signature			Applicant – PRINT Name				
Demolition & Disposal Cost \$		ion Fees Isand =	\$				
Review of Demolition Plans	Application Fee (no	on-refundable)	\$ \$25.00 \$				
Date		Code Admini	strator or Designee				

CONTACT NUMBERS FOR

DEMOLITION PERMIT SIGN-OFF

Please note that all utilities <u>must</u> have a signature for date of disconnect. If non-applicable, leave the line <u>blank</u>.

The following is a list of contact numbers:

Electric Unitil 800-852-3339 603-224-2311 Unitil.com Natural Gas
Liberty Utilities
800-833-4200
Libertyutilities.com

Storm Sewer/Sanitary Sewer/Water Service

City of Concord Engineering Services Division 603-225-8520 Contact: Bryant Anderson

Water Meter

City of Concord
General Services Department
Utility Billing
603-225-8693
Contact: Rob Young

City of Concord

Assessing – Kathy Temchack	603-225-8550
Fire Department – Paul Sirois/Ken Kiehl	603-225-8651
Health Officer – Gwen Williams	603-225-8580
Planning – Heather Shank	603-225-8515
Zoning – Craig Walker	603-225-8580